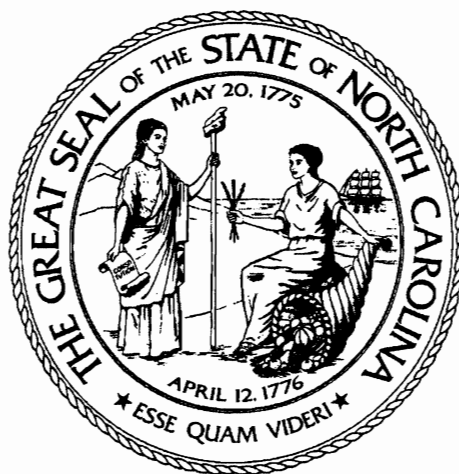


HOUSE SELECT STUDY COMMITTEE
ON
COMPLEMENTARY AND ALTERNATIVE MEDICINE



REPORT TO THE HOUSE OF REPRESENTATIVES
2007 NORTH CAROLINA GENERAL ASSEMBLY

December 2006

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STATE OF NORTH CAROLINA



HOUSE SELECT STUDY COMMITTEE ON COMPLEMENTARY AND
ALTERNATIVE MEDICINE

December 2006

TO THE MEMBERS OF THE HOUSE OF REPRESENTATIVES OF THE 2007
GENERAL ASSEMBLY

Attached for your consideration is the final report to the House of Representatives of the 2007 General Assembly. This report was prepared by the House Select Committee on Complementary and Alternative Medicine pursuant to G.S. 120-19.6(a) and Rule 26(a) of the Rules of the House of Representatives of the 2005 General Assembly.

Respectfully submitted,

Earline W. Parmon

Representative Earline Parmon, Chair

Office of the Speaker
North Carolina House of Representatives
Raleigh, North Carolina 27601-1096

HOUSE SELECT COMMITTEE ON COMPLEMENTARY AND ALTERNATIVE MEDICINE

TO THE HONORABLE MEMBERS OF THE
NORTH CAROLINA HOUSE OF REPRESENTATIVES

Section 1. The House Select Committee on Complementary and Alternative Medicine (hereinafter "Committee") is established by the Speaker of the House of Representatives pursuant to G.S. 120-19.6 and Rule 26(a) of the Rules of Representatives of the 2005 General Assembly.

Section 2. The Committee consists of the ten members listed below, appointed by the Speaker of the House of Representatives. Members serve at the pleasure of the Speaker of the House. The Speaker of the House may dissolve the Committee at any time.

Representative Earline W. Parmon, Chair
Representative Russell E. Tucker, Vice-Chair
Representative Alice L. Bordsen
Representative Rick L. Eddins
Representative Bill Faison
Representative Susan C. Fisher
Representative Pricey Harrison
Representative Louis M. Pate, Jr.
Representative Fred F. Steen, II
Representative Larry Womble

Section 3. The Committee shall study the following:

1. Types of complementary and alternative health care services currently being offered and used in North Carolina.
2. Ways to remove current restrictions and facilitate access of consumers to complementary and alternative health care practitioners who are providing health care services not currently covered by existing medical licensing laws.
3. The impact of Health Freedom legislation in other states including Oklahoma, Minnesota, Rhode Island, California, and Idaho.
4. Any other matter that the Committee deems appropriate or necessary to provide proper information to the General Assembly on the subject of the study.

Section 4. The Committee shall meet upon the call of its Chair. A quorum of the Committee shall be a majority of its members.

STUDY COMMITTEE PROCEEDINGS

The House Select Committee on Complementary and Alternative Health Care, met five times between March 22, 2005, and December 12, 2006.

March 22, 2006

At the initial meeting, the Committee heard from Mr. Mike Causey, the lobbyist for Citizens for Healthcare Freedom. Mr. Causey told the Committee that complementary and alternative health care services are currently provided by unlicensed health care practitioners. He discussed the types of complementary and alternative health care services that are available in North Carolina and the barriers that consumers face to access these health care services. Mr. Causey also discussed how other states were addressing the issue of consumer access to these services by enacting Health Freedom Acts.

Next, the Committee heard from Margaret Bennett who is an unlicensed homeopath residing in Asheville, North Carolina. Ms. Bennett presented information to the Committee supporting the need of North Carolina's citizens for a Health Freedom Act to protect their unrestricted access to complementary and alternative health care services. Minnesota, California, Rhode Island, Indiana, Louisiana, and Oklahoma have enacted some version of a health freedom bill. Health freedom laws provide an exemption for practitioners of complementary and alternative healing arts from being criminally charged with practicing medicine without a license. The practitioners must act within certain parameters and provide their clients with proper disclosure about the nature of services to be provided. The practitioners must also disclose the extent of their education, training, and experience but also that they are not a licensed medical doctor or other health care provider.

Dr. Douglas Mann, Director of Clinical Services for the UNC School of Medicine Program on Integrative Medicine spoke about integrating conventional medical practices with complementary and alternative health care practices. The Program on Integrative Medicine was founded in 1997. The three major goals of the Program are to investigate and teach about complementary and alternative medical practices; investigate those practices through research; and provide patient care through a combination of complementary and alternative health care practices integrated with conventional medical care. Dr. Mann reviewed the system of classification used by the National Center for Complementary and Alternative Medicine (NCCAM), National Institutes of Health. NCCAM classifies complementary and alternative therapies into 5 categories: alternative medical systems, mind-body interventions, biologically based therapies, manipulative and body-based methods, and energy therapies (See Appendix A).

The last presenter was Dr. Michael Sharp, who practices integrated medicine in Chapel Hill, North Carolina. The National Center for Complementary and Alternative Medicine (NCCAM), National Institutes of Health defines integrative medicine as combining "mainstream medical therapies and complementary and alternative therapies for which

The issues of concern raised by the citizens at both public hearings can be grouped into the following four areas:

- **Physician Education/Awareness**
- **Consumer and Practitioner Protection**
- **Treatment Costs**
- **Treatment Options**

The issues raised by the legislators at the public hearings can be grouped into the following four areas:

- **Practitioner Training, Qualifications and Credentials**
- **Consumer Protection**
- **Insurance Coverage**
- **Oversight/Regulatory Board**

Representative Parmon presented the draft recommendation and accompanying proposed legislation for Committee discussion.

December 12, 2006

The Committee held its final meeting and discussed the proposed recommendation and legislation. The Committee voted to adopt the final report.

LEGISLATIVE PROPOSAL

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2007

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D

BILL DRAFT 2007-SQ-1 [v.5] (11/13)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)

11/21/2006 7:18:10 PM

Short Title: Joint Study Complimentary/Alternative Med.

(Public)

Sponsors: Representative.

Referred to:

A BILL TO BE ENTITLED

AN ACT TO ESTABLISH THE JOINT LEGISLATIVE STUDY COMMISSION ON COMPLEMENTARY AND ALTERNATIVE FORMS OF MEDICINE.

The General Assembly of North Carolina enacts:

SECTION 1(a). There is created the Joint Legislative Study Committee on Complementary and Alternative Forms of Medicine in North Carolina. The Committee shall consist of 12 members. The Speaker of the House of Representatives shall appoint six members and the President Pro Tempore of the Senate shall appoint six members.

The Speaker of the House of Representatives shall appoint a cochair, and the President Pro Tempore of the Senate shall appoint a cochair for the Committee. The Committee may meet at any time upon the joint call of the cochairs. Vacancies on the Committee shall be filled by the same appointing authority as made the initial appointment.

The Committee, while in the discharge of its official duties, may exercise all powers provided for under G.S. 120-19 and G.S. 120-19.1 through G.S. 120-19.4. The Committee may contract for professional, clerical, or consultant services as provided by G.S. 120-32.02.

Subject to the approval of the Legislative Services Commission, the Committee may meet in the Legislative Building or the Legislative Office Building. The Legislative Services Commission, through the Legislative Services Officer, shall assign professional staff to assist the Committee in its work. The House of Representatives' and the Senate's Supervisors of Clerks shall assign clerical support staff to the Committee, and the expenses relating to the clerical employees shall be borne by the Committee. Members of the Committee shall

Appendix A

Classification System Used by the National Center for Complementary and Alternative Medicine (NCCAM), National Institutes of Health

There are many terms used to describe approaches to health care that are outside the realm of conventional medicine as practiced in the United States. This fact sheet explains how the National Center for Complementary and Alternative Medicine (NCCAM), a component of the National Institutes of Health, defines some of the key terms used in the field of complementary and alternative medicine (CAM).

What is complementary and alternative medicine?

Complementary and alternative medicine, as defined by NCCAM, is a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine. While some scientific evidence exists regarding some CAM therapies, for most there are key questions that are yet to be answered through well-designed scientific studies—questions such as whether these therapies are safe and whether they work for the diseases or medical conditions for which they are used.

The list of what is considered to be CAM changes continually, as those therapies that are proven to be safe and effective become adopted into conventional health care and as new approaches to health care emerge.

Are complementary medicine and alternative medicine different from each other?

Yes, they are different.

Complementary medicine is used **together with** conventional medicine. An example of a complementary therapy is using aromatherapy to help lessen a patient's discomfort following surgery.

Alternative medicine is used **in place of** conventional medicine. An example of an alternative therapy is using a special diet to treat cancer instead of undergoing surgery, radiation, or chemotherapy that has been recommended by a conventional doctor.

What is integrative medicine?

Integrative medicine, as defined by NCCAM, combines mainstream medical therapies and CAM therapies for which there is some high-quality scientific evidence of safety and effectiveness.

Appendix B

PUBLIC HEARINGS

The Committee conducted two public hearings, each consisting of morning and evening sessions. The first was held on April 25, 2006 in Asheville, N.C. and the second was held on September 27, 2006 in New Bern, N.C.

A total of thirty-six speakers expressed their views to the committee at the public hearings. The speakers represented a wide range of parties interested in issues relating to the practice of complementary and alternative health practices in North Carolina. These speakers included consumers and practitioners of complementary and alternative health care services, and licensed physicians who integrate complementary and alternative health care services into their practices.

ISSUES IDENTIFIED – PUBLIC

The following list represents the issues raised with greatest frequency by the members of the general public who participated in the public hearings:

- **Physician Education/Awareness** – The need for education and training of physicians about complementary and alternative medical practices and therapies so physicians can either integrate these modalities into their own practices or refer patients to practitioners of these modalities for care, as appropriate.
- **Consumer and Practitioner Protection** – The need to protect members of the public from harm caused by unqualified practitioners of complementary and alternative health care modalities while allowing for qualified practitioners to offer their services to the public without facing the possibility of criminal prosecution.
- **Treatment Costs** – Complementary and alternative modalities are often less expensive than conventional medical treatments, and are generally not covered by health insurance.
- **Treatment Options** – Consumers should be informed of all options for treatment, including complementary and alternative therapies, and should have the right to choose their health care provider regardless of whether or not the practitioner's specialty requires licensure or certification.

ISSUES IDENTIFIED – LEGISLATORS

The following list represents the issues raised with greatest frequency by the legislators who attended the public hearings:

- **Practitioner Training, Qualifications and Credentials** – There should be some way for consumers to be made aware of practitioners' credentials, training and experience.
- **Consumer Protection** – There should be some process by which unqualified practitioners can be disciplined or prevented from practicing.